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A QUESTIONNAIRE ON PELVIC FLOOR MUSCLE TRAINING AND DYSFUNCTION DURING PREGNANCY

I BACKGROUND FACTORS

1. Age _____
2. Height _____
3. Weight _____ (pre-pregnancy weight)
4. Weight _____ (present weight)
5. Current week of pregnancy _____
6. Education (tick the most applicable option)
   - □ Elementary or primary school
   - □ middle school
   - □ vocational college/vocational qualification/lower vocational qualification
   - □ high school
   - □ college degree
   - □ polytechnic degree
   - □ academic degree
7. Has your health in general been (tick the best option)
   - □ Excellent
   - □ rather good
   - □ good
   - □ satisfactory
   - □ poor
8. Have you any physician-diagnosed basic conditions (tick all applicable options)
   - □ Diabetes or an elevated blood sugar level
   - □ pregnancy-related (Gestational) diabetes
   - □ hypertension or elevated blood pressure
   - □ cardiac insufficiency
   - □ elevated cholesterol or other fat metabolism dysfunction
   - □ intestinal disease. If so, what? _____
   - □ asthma or other respiratory disease
   - □ depression or other mental health problem
   - □ a musculoskeletal and/or connective tissue disorder
   - □ other illness. If so, what?_____
9. Smoking **during this pregnancy** (If not at all -> skip to item 11)
   - □ Not at all
   - □ occasionally, a few times a yar
   - □ regularly daily

10. If regularly, how many cigarettes per day
    - □ Under 10
    - □ 10 - 20
    - □ 21 – 30
    - □ over 30

11. Use of alcohol **during this pregnancy**. How often do you drink beer, wine or other alcoholic beverages
    - □ Never
    - □ once a month or less
    - □ 2 - 4 times a month
    - □ 2 - 3 times a week
    - □ 4 times or more a week

12. Are you
    - □ A first-time birther
    - □ if you have previously given birth, then how many times _____

13. If you have previously given birth, has the delivery been (tick the applicable option(s)
    - □ Vaginal
    - □ assisted vaginal (suction cup)
    - □ cesarean

II PHYSICAL ACTIVITY DURING THIS PREGNANCY

14. How **often** have you engaged in physical exercise during this pregnancy (tick the most applicable option)
    - □ At least 6 times a week
    - □ 3 - 5 times a week
    - □ 1 - 2 times a week
    - □ a few times a month
    - □ once a month or less

15. During the past month, how strenuous has the physical exercise you have engaged in been (tick the most applicable option)
    - □ Extremely strenuous, high intensity exercise inducing breathlessness and sweating. Competitive sports.
    - □ very strenuous, inducing breathlessness and sweating
    - □ moderately strenuous, such as brisk walking
    - □ light exercise
    - □ very light exercise

16. During the past month, how **long** have your bouts of physical exercise generally lasted (tick the most applicable option)
    - □ More than 30 min
    - □ 20 - 30 min
    - □ 10 - 19 min
    - □ less than 10 min

17. What types of physical exercise have you engaged in during this pregnancy (write on the blank lines below the three types you have most engaged in)
    a) The type of physical exercise you have most often engaged in _____
    b) the type of physical exercise you have second most often engaged in _____
    c) the type of physical exercise you have third most often engaged in _____

III GUIDANCE IN PELVIC FLOOR MUSCLE TRAINING DURING THIS PREGNANCY

18. Did you receive guidance in pelvic floor muscle training **before this pregnancy.** If so, was it given
    □ Verbally
    □ in writing
    □ both verbally and in writing
    □ as individual practical training
    □ I searched for information by myself
    □ I have not received any guidance

	Yes	**No**
19. Have you received guidance on pelvic floor exercises during **this** pregnancy	□	□

20. From whom did you receive guidance on pelvic floor exercises during this pregnancy (tick the applicable option(s)

	verbally	**in writing**	**as practical training**
a) From my own maternity clinic/midwife	☐	☐	☐
b) from my own doctor at the maternity clinic	☐	☐	☐
c) from a physiotherapist at my local clinic	☐	☐	☐
d) from a midwife in the hospital maternity ward	☐	☐	☐
e) from a doctor in the hospital maternity ward	☐	☐	☐
f) in connection with family guidance	☐	☐	☐
g) from some other. Who? _____	☐	☐	☐

21. How did you test your pelvic floor muscles during guidance (tick applicable options)

	midwife/healthcare nurse	**doctor**	**physiotherapist**
a) Finger test	☐	☐	☐
b) pressure gauge	☐	☐	☐
c) electromyography biofeedback	☐	☐	☐
d) other, if so, what? _____	☐	☐	☐

22. Did your pelvic floor exercises include

	Yes	**No**
a) Exercises designed to familiarize you with the pelvic floor muscles	□	□
b) activation/contraction of the pelvic floor muscles in effortful situations (e.g., coughing, sneezing, lifting heavy objects)	☐	☐
c) pelvic floor exercises linked to hobby activities	☐	☐
d) pelvic floor exercises linked to routine daily activities	☐	☐
e) relaxation of the pelvic floor muscles	☐	☐

IV PELVIC FLOOR EXERCISES TO BE PERFORMED AT HOME DURING THIS PREGNANCY

23. Did you perform pelvic floor exercises during this pregnancy?
    - □ Not at all -> jump to item 26
    - □ daily
    - □ 2-3 times a week
    - □ once a week
    - □ occasionally

24. How did you perform postnatal pelvic floor exercises (tick the best option)
    - □ Lying on my back
    - □ sitting
    - □ standing
    - □ in connection with effortful situations (e.g., coughing, sneezing, lifting heavy objects)
    - □ while walking
    - □ when engaging in hobby activities
    - □ when doing routine daily tasks
    - □ vaginal Kegel balls

25. If you received guidance in pelvic floor muscle training, what mode of guidance best supported independent training at home (After answering, skip to item 27)
    - □ Verbal guidance
    - □ written guidance
    - □ practical hands-on exercises

26. If you haven't performed pelvic floor muscle training during this pregnancy, tick the reasons that apply to you
    - □ I don't know what pelvic floor muscle training means
    - □ I don't dare to perform pelvic floor muscle training
    - □ I don't know how to perform pelvic floor muscle training
    - □ I feel pain in the pelvic area
    - □ I consider the idea of pelvic floor muscle training unpleasant
    - □ I don't think pelvic floor muscle training is necessary because _____
      _____
    - □ is there any other reason? _____

V PELVIC FLOOR DYSFUNCTION BEFORE THIS PREGANCY

27. Answer the following questions yes/no	**Yes**	**No**
a) Have you experienced urinary incontinence before this pregnancy	□	□
b) are you able to stop the flow of urine before this pregnancy	□	□
c) have you experienced fecal incontinence before this pregnancy	□	□
d) have you experienced constipation/difficulties in defecating before this pregnancy	□	□
e) have you used medication to relieve constipation before this pregnancy	□	□
f) have you had to assist defecation by pressing against the vaginal wall or by using a finger before this pregnancy	□	□
g) have you experienced pain during an ectopic pregnancy before this pregnancy	□	□
h) have you experienced a burning sensation during intercourse before this pregnancy	□	□

VI PELVIC FLOOR DYSFUNCTION DURING THIS PREGNANCY

28. How often have you experienced urinary incontinence during this pregnancy (tick most applicable option)
    - □ Never
    - □ once a week
    - □ 2 - 3 x week
    - □ 1x day
    - □ several times a day

29. During this pregnancy, do you experience urinary incontinence in connection with effortful situations (e.g., coughing, sneezing, laughing, lifting heavy objects or when actively moving, such as when running or jumping
    - □ Yes
    - □ No

30. On a scale of 0 - 10, how would you rate the detrimental effects of your urinary incontinence (0 = no trouble at all, 10 = extremely troublesome)
    □ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

31. Have you experienced fecal incontinence during this pregnancy
    - □ Yes
    - □ No

32. If you have experienced fecal/anal incontinence since this childbirth

		never experienced	**less than once a month**	**monthly**	**weekly**	**daily**
a)	Are the stools that escape firm/hard /solid	☐	☐	☐	☐	☐
b)	are the stools that escape loose	☐	☐	☐	☐	☐
c)	does air/gas escape from your bowel	☐	☐	☐	☐	☐
d)	do you use incontinence pads for fecal/anal incontinence	☐	☐	☐	☐	☐
e)	does your fecal/anal incontinence interfere with your quality of life and your social life	☐	☐	☐	☐	☐

33. On a scale of 0 - 10, how would you rate the troublesomeness of your fecal/anal incontinence cause you. Tick the most applicable option (0 = not troublesome at all, 10 = extremely troublesome)
    □ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

34. On a scale of 0 - 10, how would you rate the troublesomeness of the involuntary escape of gas from your bowel. Tick the most applicable option (0 = not troublesome at all, 10 = extremely troublesome)
    □ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

35. Constipation and difficulties in defecating

	Yes	No
a) After this childbirth, have you experienced difficult in emptying your bowel	□	□
b) have you used laxatives to treat constipation after this childbirth	□	□
c) since this childbirth, have you had to assist defecation by exerting pressure on the vaginal wall or by digging with your fingers	□	□

36. On a scale of 0 - 10, how much trouble does your constipation/difficulty defecating cause you. Tick the most applicable option (0 = not troublesome at all, 10 = extremely troublesome)
□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

37. Have you experienced pain in or around the vulva
□ Yes
□ No

38. How troublesome would you rate your pain in or around the vulva. Tick the most applicable option (0 = not troublesome at all, 10 = extremely troublesome)
□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

39. During this pregnancy, have you experienced a burning sensation during intercourse
□ Yes
□ No

40. How troublesome would you rate a burning sensation during intercourse. Tick the most applicable option (0 = not troublesome at all, 10 = extremely troublesome).
□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

Thank you for your answers!